

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET

NUMBER

PU3680US2

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND COMPOSITIONS RELATED TO MODULATORS  
OF ANNEXIN AND CARTILAGE HOMEOSTASIS**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application Serial No. 09/745989 on December 21, 2000 and was amended on (if applicable)

☐ was filed as PCT international application Number \_\_\_\_\_ on \_\_\_\_\_

and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	APPLICATION DATEe	PRIORITY CLAIMED
1.			
2.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	X
1. 60/173,692	12/29/1999	
2.		



I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

**PCT APPLICATIONS DESIGNATING THE U.S.**

PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		

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David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink	Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094	James P. Riek Virginia C. Bennett Frank P. Grassler Christopher R. Rogers	Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,344	John L. Lemanowicz Bonnie Deppenbrock Elizabeth Selby Lorie Ann Morgan
Send Correspondence to: <b>David J. Levy, Patent Counsel</b> <b>Global Intellectual Property Department</b> <b>Glaxo Wellcome Inc.</b> <b>Five Moore Drive, PO Box 13398,</b> <b>Research Triangle Park, NC 27709</b>			 <div style="font-size: 24pt; font-weight: bold;">23347</div> <small>PATENT TRADEMARK OFFICE</small>	Direct Telephone Calls to: Elizabeth Selby * PHONE NO.: 919 483-3934
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
2  0  1	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME <b>CHUBINSKAYA</b> CITY <b>Vernon Hills</b> POST OFFICE ADDRESS C/o Rush-Presbyterian St. Luke's Medical Center, 1653 W. Congress Parkway	FIRST GIVEN NAME <b>Susan</b> STATE OR FOREIGN COUNTRY <b>IL</b> CITY <b>Chicago</b>	SECOND GIVEN NAME/INITIAL  COUNTRY OF CITIZENSHIP <b>US</b> STATE & ZIP CODE/COUNTRY <b>IL, 600612 US</b>
201	SIGNATURE			DATE: 01/25/01
2  0  2	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME <b>HUTCHINS</b> CITY <b>Chapel Hill</b> POST OFFICE ADDRESS <b>309 Colony Woods Drive</b>	FIRST GIVEN NAME <b>Jeff</b> STATE OR FOREIGN COUNTRY <b>NC</b> CITY <b>Chapel Hill</b>	SECOND GIVEN NAME/INITIAL  COUNTRY OF CITIZENSHIP <b>US</b> STATE & ZIP CODE/COUNTRY <b>NC 27514 NC</b>
202	SIGNATURE			DATE:
2  0  3	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME <b>MOLLENHAUER</b> CITY <b>Eisenberg</b> POST OFFICE ADDRESS C/o University of Jena, Waldkrankenhaus "Rudolf Elle", Klosterlausnitzer Street 81	FIRST GIVEN NAME <b>Juergen</b> STATE OR FOREIGN COUNTRY <b>Germany</b> CITY <b>Eisenberg</b>	SECOND GIVEN NAME/INITIAL  COUNTRY OF CITIZENSHIP <b>Germany</b> STATE & ZIP CODE/COUNTRY <b>Germany D-07607</b>
203	SIGNATURE			DATE:
2  0  4	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME <b>TAVARES</b> CITY <b>Durham</b> POST OFFICE ADDRESS <b>C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	FIRST GIVEN NAME <b>Francis</b> STATE OR FOREIGN COUNTRY <b>NC</b> CITY <b>Research Triangle Park</b>	SECOND GIVEN NAME/INITIAL <b>X.</b> COUNTRY OF CITIZENSHIP <b>India</b> STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
204	SIGNATURE			DATE:
2  0  5	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME <b>THOMSON</b> CITY <b>Durham</b> POST OFFICE ADDRESS <b>C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	FIRST GIVEN NAME <b>Stephen</b> STATE OR FOREIGN COUNTRY <b>NC</b> CITY <b>Research Triangle Park</b>	SECOND GIVEN NAME/INITIAL <b>A.</b> COUNTRY OF CITIZENSHIP <b>US</b> STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
205	SIGNATURE			DATE:
2  0  6	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	FAMILY NAME <b>WORLEY</b> CITY <b>Durham</b> POST OFFICE ADDRESS <b>C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	FIRST GIVEN NAME <b>Jennings</b> STATE OR FOREIGN COUNTRY <b>NC</b> CITY <b>Research Triangle Park</b>	SECOND GIVEN NAME/INITIAL <b>F.</b> COUNTRY OF CITIZENSHIP <b>US</b> STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
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Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Elizabeth Selby Reg. No. 38,298
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
<b>Send Correspondence to:</b> David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709				<b>Direct Telephone Calls to:</b> Elizabeth Selby * PHONE NO.: 919 483-3934
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHUBINSKAYA</b>	FIRST GIVEN NAME <b>Susan</b>	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY <b>Vernon Hills</b>	STATE OR FOREIGN COUNTRY <b>IL</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Rush-Presbyterian St. Luke's Medical Center, 1653 W. Congress Parkway	CITY <b>Chicago</b>	STATE & ZIP CODE/COUNTRY <b>IL, 600612 US</b>
201	SIGNATURE			DATE:
2	FULL NAME OF INVENTOR	FAMILY NAME <b>HUTCHINS</b>	FIRST GIVEN NAME <b>Jeff</b>	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY <b>Chapel Hill</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 309 Colony Woods Drive	CITY <b>Chapel Hill</b>	STATE & ZIP CODE/COUNTRY <b>NC 27514 NC</b>
202	SIGNATURE			DATE: 1/31/2001
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MOLLENHAUER</b>	FIRST GIVEN NAME <b>Juergen</b>	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY <b>Eisenberg</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
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203	SIGNATURE			DATE:
2	FULL NAME OF INVENTOR	FAMILY NAME <b>TAVARES</b>	FIRST GIVEN NAME <b>Francis</b>	SECOND GIVEN NAME/INITIAL <b>X.</b>
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>India</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>THOMSON</b>	FIRST GIVEN NAME <b>Stephen</b>	SECOND GIVEN NAME/INITIAL <b>A.</b>
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Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,344	Lorie Ann Morgan	Reg. No. 38,181

Send Correspondence to:

David J. Levy, Patent Counsel  
Global Intellectual Property Department  
Glaxo Wellcome Inc.  
Five Moore Drive, PO Box 13398,  
Research Triangle Park, NC 27709

Direct Telephone Calls to:  
Elizabeth Selby  
\*  
PHONE NO.:  
919 483-3934

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203	<b>SIGNATURE</b>		<b>DATE:</b> 03/05/01	
2  0  4	<b>FULL NAME OF INVENTOR</b> <b>RESIDENCE &amp; CITIZENSHIP</b> <b>POST OFFICE ADDRESS</b>	<b>FAMILY NAME</b> <b>TAVARES</b> <b>CITY</b> <b>Durham</b> <b>POST OFFICE ADDRESS</b> <b>C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	<b>FIRST GIVEN NAME</b> <b>Francis</b> <b>STATE OR FOREIGN COUNTRY</b> <b>NC</b> <b>CITY</b> <b>Research Triangle Park</b>	<b>SECOND GIVEN NAME/INITIAL</b> <b>X.</b> <b>COUNTRY OF CITIZENSHIP</b> <b>India</b> <b>STATE &amp; ZIP CODE/COUNTRY</b> <b>NC 27709 US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY	STATE & ZIP CODE/COUNTRY
204	SIGNATURE			DATE:
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY	STATE & ZIP CODE/COUNTRY
205	SIGNATURE			DATE: 3/1/01
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	CITY	STATE & ZIP CODE/COUNTRY
206	SIGNATURE			DATE:

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY				DOCKET No. PU3680US2
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)				
David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	John L. Lemanowicz Reg. No. 37,380
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	Bonnie Deppenbrock Reg. No. 28,209
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Elizabeth Selby Reg. No. 38,298
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
Send Correspondence to: <b>David J. Levy, Patent Counsel</b> <b>Global Intellectual Property Department</b> <b>Glaxo Wellcome Inc.</b> <b>Five Moore Drive, PO Box 13398,</b> <b>Research Triangle Park, NC 27709</b>				Direct Telephone Calls to: Elizabeth Selby * PHONE NO.: 919 483-3934
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
201	1	<b>FULL NAME OF INVENTOR</b> <b>FAMILY NAME</b> <b>CHUBINSKAYA</b>	<b>FIRST GIVEN NAME</b> <b>Susan</b>	<b>SECOND GIVEN NAME/INITIAL</b>  
	0	<b>RESIDENCE &amp; CITIZENSHIP</b> <b>CITY</b> <b>Vernon Hills</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>IL</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>US</b>
	1	<b>POST OFFICE ADDRESS</b> <b>POST OFFICE ADDRESS C/o Rush-Presbyterian St. Luke's Medical Center, 1653 W. Congress Parkway</b>	<b>CITY</b> <b>Chicago</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>IL, 600612 US</b>
201		<b>SIGNATURE</b>		<b>DATE:</b>
202	2	<b>FULL NAME OF INVENTOR</b> <b>FAMILY NAME</b> <b>HUTCHINS</b>	<b>FIRST GIVEN NAME</b> <b>Jeff</b>	<b>SECOND GIVEN NAME/INITIAL</b>  
	0	<b>RESIDENCE &amp; CITIZENSHIP</b> <b>CITY</b> <b>Chapel Hill</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>NC</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>US</b>
	2	<b>POST OFFICE ADDRESS</b> <b>POST OFFICE ADDRESS 309 Colony Woods Drive</b>	<b>CITY</b> <b>Chapel Hill</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>NC 27514 NC</b>
202		<b>SIGNATURE</b>		<b>DATE:</b>
203	3	<b>FULL NAME OF INVENTOR</b> <b>FAMILY NAME</b> <b>MOLLENHAUER</b>	<b>FIRST GIVEN NAME</b> <b>Juergen</b>	<b>SECOND GIVEN NAME/INITIAL</b>  
	0	<b>RESIDENCE &amp; CITIZENSHIP</b> <b>CITY</b> <b>Eisenberg</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>Germany</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>Germany</b>
	3	<b>POST OFFICE ADDRESS</b> <b>POST OFFICE ADDRESS C/o University of Jena, Waldkrankenhaus "Rudolf Elle", Klosterlausnitzer Street 81</b>	<b>CITY</b> <b>Eisenberg</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>Germany D-07607</b>
203		<b>SIGNATURE</b>		<b>DATE:</b>
204	4	<b>FULL NAME OF INVENTOR</b> <b>FAMILY NAME</b> <b>TAVARES</b>	<b>FIRST GIVEN NAME</b> <b>Francis</b>	<b>SECOND GIVEN NAME/INITIAL</b> <b>X.</b>
	0	<b>RESIDENCE &amp; CITIZENSHIP</b> <b>CITY</b> <b>Durham</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>NC</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>India</b>
	4	<b>POST OFFICE ADDRESS</b> <b>POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	<b>CITY</b> <b>Research Triangle Park</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>NC 27709 US</b>
204		<b>SIGNATURE</b>		<b>DATE:</b>
205	5	<b>FULL NAME OF INVENTOR</b> <b>FAMILY NAME</b> <b>THOMSON</b>	<b>FIRST GIVEN NAME</b> <b>Stephen</b>	<b>SECOND GIVEN NAME/INITIAL</b> <b>A.</b>
	0	<b>RESIDENCE &amp; CITIZENSHIP</b> <b>CITY</b> <b>Durham</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>NC</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>US</b>
	5	<b>POST OFFICE ADDRESS</b> <b>POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	<b>CITY</b> <b>Research Triangle Park</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>NC 27709 US</b>
205		<b>SIGNATURE</b>		<b>DATE:</b>
206	6	<b>FULL NAME OF INVENTOR</b> <b>FAMILY NAME</b> <b>WORLEY</b>	<b>FIRST GIVEN NAME</b> <b>Jennings</b>	<b>SECOND GIVEN NAME/INITIAL</b> <b>F.</b>
	0	<b>RESIDENCE &amp; CITIZENSHIP</b> <b>CITY</b> <b>Durham</b>	<b>STATE OR FOREIGN COUNTRY</b> <b>NC</b>	<b>COUNTRY OF CITIZENSHIP</b> <b>US</b>
	6	<b>POST OFFICE ADDRESS</b> <b>POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398</b>	<b>CITY</b> <b>Research Triangle Park</b>	<b>STATE &amp; ZIP CODE/COUNTRY</b> <b>NC 27709 US</b>
206		<b>SIGNATURE</b>		<b>DATE:</b>
				<b>31-Jan-2001</b>